

ALABAMA STATE BOARD OF CHIROPRACTIC EXAMINERS

APPLICATION FOR PRECEPTOR DOCTOR

Complete all sections and return to:

Alabama State Board of Chiropractic Examiners
126 Chilton Place
Clanton AL 35045

PRINT OR TYPE

NAME AS IT APPEARS ON LICENSE	LICENSE NUMBER
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OFFICE STREET ADDRESS	CITY	STATE	ZIP CODE
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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OFFICE PHONE	HOME PHONE
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DATE OF BIRTH	SOCIAL SECURITY NUMBER
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CHIROPRACTIC COLLEGE	GRADUATION DATE	# YEARS IN ACTIVE PRACTICE
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MALPRACTICE INSURANCE POLICY NAME AND NUMBER
(Enclose copy of policy showing up-to-date paid coverage)

APPLYING FOR PRECEPTOR TO AN: INTERN _____ EXTERN _____

PLEASE ATTACH ANY ADDITIONAL INFORMATION THAT MAY HAVE A
BEARING ON THIS APPLICATION

**I HAVE READ AND UNDERSTAND SECTION 34-24-145, OR THE CODE OF ALABAMA, AND
ALABAMA STATE BOARD OF ACHIROPRACTIC EXAMINERS RULES GOVERNING MY
PARTICIPATION AS A PRECEPTOR DOCTOR. I FURTHER UNDERSTAND THAT THE LAW
AND RULES GOVERNING PARTICIPATION IN THIS PROGRAM REQUIRE THE DIRECT ON
PREMISE SUPERVISION OF THE EXTERN / INTERN BY THE SPONSORING PRECEPTOR
DOCTOR AT ALL TIMES**

SIGNATURE OF APPLICANT	DATE
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SWORN TO BEFORE ME THIS _____ DAY OF _____, 200__.

NOTARY SIGNATURE AND SEAL	COMMISSION EXPIRATION
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**YOUR APPLICATION WILL BE REVIEWED BY THE PRECEPTOR DIRECTOR. IF YOU
HAVE ANY QUESTIONS CONTACT THE BOARD OFFICE AT 205-755-8000 OR 1-800-949-5838**